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CONFIRMATION NO. 9055

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/825,786	04/16/2004	606	3734	
	RULE			

APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/466,653 04/29/2003 and claims benefit of 60/485,568 07/07/2003
 and claims benefit of 60/488,292 07/18/2003
 and claims benefit of 60/499,946 09/02/2003
 and claims benefit of 60/500,762 09/04/2003
 and claims benefit of 60/512,293 10/17/2003
 and claims benefit of 60/518,270 11/05/2003
 and claims benefit of 60/534,514 01/06/2004 *
 and is a CIP of 10/785,486 02/24/2004 *
 which is a CON of 10/224,659 08/21/2002 PAT 7,025,776 *
 This application 10/825,786
 is a CIP of 10/183,396 06/28/2002 PAT 6,726,696
 which is a CIP of 10/127,714 04/23/2002 ABN
 which claims benefit of 60/286,269 04/24/2001
 and claims benefit of 60/300,892 06/25/2001
 and claims benefit of 60/302,255 06/28/2001
 (*)Data provided by applicant is not consistent with PTO records.

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** FOREIGN APPLICATIONS *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 08/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	CA	18	23	7
Verified and Acknowledged	Examiner's Signature <i>Katherine Jones</i> Initials <i>KD</i>				

ADDRESS

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TITLE

Method and devices for treating ischemic congestive heart failure

FILING FEE RECEIVED 649	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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